

State/Territory: TENNESSEE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): PREGNANT WOMEN/REASONABLE CLASSIFICATIONS
OF INDIVIDUALS UNDER AGE 21

The following ambulatory services are provided. (within limitations).

1. Inpatient hospital
2. Outpatient hospital
3. Rural health clinic
4. Other laboratory and x-ray
5. EPSD&T
6. Family planning services
7. Physicians
8. Home Health
9. Clinic
10. Dental Services
11. Prescribed drugs
12. Prosthetic devices
13. Eyeglasses
14. Inpatient psychiatric facility
15. Extended services for pregnant women
16. Transportation
17. Care and services provided in Christian Science Sanitoria
18. Skilled Nursing facility services
19. Emergency hospital services

*Description provided on attachment.

TN No. 86-26

Supersedes

TN No. 82-12

Approval Date 9/6/88

Effective Date 10-1-86

HCFA ID: 0140P/0102A

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled, Children Under 21,
Parent (s) / Caretaker(s), Pregnant Women

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☐ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☐ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise covered under the plan.

☒ Provided: ☒ No limitations ☐ With limitations*

- c. Federally qualified health center(FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4).

Provided: ☒ No limitation ☐ With limitation*

3. Other laboratory and X-ray services.

☐ Provided: ☐ No limitations ☐ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☐ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
☒ Provided

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 92-5
Supersedes 91-9 Approval Date 3/11/92 Effective Date 1/1/92

HCFA ID: 7986E

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-B
Page 2a
OMB NO:

State/Territory: Tennessee

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): Aged, Blind, Disabled, Children

Under 21, Parent(s)/ Caretaker(s), Pregnant Women

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations:

*Description provided on attachment.

TN No. 93-15
Supersedes 93-2 Approval Date OCT 14 1993 Effective Date 7/1/93

State/Territory: Tennessee

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled, Children Under 21,
Parent(s)/Caretaker(s), Pregnant Women

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Optometrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Chiropractors' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Other Practitioners' Services
☒ Provided: ☐ No limitations ☒ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Home health aide services provided by a home health agency.
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 89-17
Supersedes
TN No. 88-5

Approval Date 8/29/89

Effective Date 7/1/89

Received 8/15/89

HCFA ID: 0140P/0102A

State/Territory: TENNESSEE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): PREGNANT WOMEN/REASONABLE

CLASSIFICATION OF INDIVIDUALS UNDER AGE 21

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☐ Provided: ☐ No limitations ☐ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 88-11

Supersedes

TN No. 86-26

Approval Date

12/5/88

Effective Date 7-1-88

HCFA ID: 0140P/0102A

TN No. 88-11 DATE/RECEIVED 6/30/88
SUPERSEDES DATE/RECEIVED 12/5/88
TN No. 86-26 DATE/RECEIVED 7/1/88

State/Territory: TENNESSEE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled,
Children Under 21, Parent(s)/Caretaker(s), Pregnant Women

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Eyeglasses.

☐ Provided: ☐ No limitations ☐ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Nursing facility services.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-29
Supersedes
TN No. 91-9

Approval Date 6/18/92

Effective Date 7/1/91

State/Territory: TENNESSEE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled,
Children Under 21, Parent(s)/Caretaker(s), Pregnant Women

15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TH No. 91-9
Supersedes
TH No. 90-30

Approval Date 4/4/91

Effective Date 1-1-91

State/Territory: Tennessee

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled
Children Under 21, Parent(s)/Caretaker(s), Pregnant Women

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☐ Provided: ☐ With limitations*

☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided: ⁺ ☐ Additional coverage ⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ⁺ ☐ Additional coverage ⁺⁺ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 95-1
Supersedes 94-3 Approval Date 2/22/95 Effective Date 1/1/95

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled,

Children Under 21, Parent(s)/Caretaker(s), Pregnant Women

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Nursing facility services provided for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

TN No. 91-9

Supersedes

TN No. 87-18

Approval Date 4/4/91

Effective Date 1-1-91

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled, Children

Under 21, Parent(s)/ Caretaker(s), Pregnant Women.

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided X Not Provided

TN No. 93-2

Supersedes
TN No. NEW

Approval Date 4/20/93

Effective Date 1/1/93